

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
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Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570
Attn: Doran Crouse

Report Number: E605C17
Project: Webster Water Department

Received Date: 05/10/2016
Report Date: 06/06/2016

Copies Sent To:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606



David Dickinson
Technical Director



CT DPH #PH-0465
ME DHHS #CT0050
VA #460279

EPA #CT00008
NH ELAP #2020
VT DOH #VT11549

KY EEC #90151
NY ELAP #11549

MA DEP #M-CT008
PA DEP #68-04413

MD #349
RI DOH #LAO00346

TN #04903



101-000000502752

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ANALYTICAL DATA REPORT

prepared for:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606
Attn: Linda Erricola

Report Number: E605C17
Project: Webster Water Department

Received Date: 05/10/2016
Report Date: 06/06/2016

Copies Sent To:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570



David Dickinson
Technical Director



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Report No: E605C17
Client: Webster Water Department
Project: Webster Water Department

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received seven samples from Webster Water Department on 05/10/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Client Reported Chlorine

SM4500-Cl-G

MA Volatile Organics by 524.2 Low DL in DW

524.2

Mass Secondary Standards in DW

200.7[3000], 2120B, 2130B, 2150B, 4500H-B, SM2320B,

SM2540C, SM4500-CL-E, SM4500-SO4-E

Radiological - Gross Alpha

900.0

Client Reported WQP

150.1, 170.1

MASS SOC

504.1[504.1], 505[505], 515.3[515.3], 525.2[525.2], 531.2

Nitrate as N by SM4500-NO3 F in DW/WW

4500NO3-F

Radiological - Radium 226 + 228

903.1, 904.0

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None



Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By										
A	MULT1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client								
B	RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client								
C	RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client								
D	RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client								
		If Resubmitted Report, list below													
		Routine or Special Sample		Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample							
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction												
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction												
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction												
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction												
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).															
A															
B															
C															
D															

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
Analysis Lab MA Cert. #:	M-CT008	Analysis Lab Name:	Microbac Laboratories, Inc.		

NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#	
A	0.75	10	0.050	4500NO3-F	5/10/2016	E605C171
B	ND	10	0.050	4500NO3-F	5/10/2016	E605C172
C	0.45	10	0.050	4500NO3-F	5/10/2016	E605C173
D	0.87	10	0.050	4500NO3-F	5/10/2016	E605C174

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By									
A	RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client							
B	RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client							
C	03G	Sta#3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/10/2016	Client							
D														
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below												
		(1) Reason for Resubmission		(2) Collection Date of Original Sample										
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction											
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction											
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction											
D														
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).														
A														
B														
C														
D														

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
Analysis Lab MA Cert. #:	M-CT008	Analysis Lab Name:	Microbac Laboratories, Inc.		

NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#	
A	0.7	10	0.050	4500NO3-F	5/10/2016	E605C175
B	1.3	10	0.050	4500NO3-F	5/10/2016	E605C176
C	1.2	10	0.050	4500NO3-F	5/10/2016	E605C177
D						

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A MULT1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/10/2016	Client
B RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/10/2016	Client

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND	8.0	0.3	0.051	200.7	5/13/2016	E605C17-1, E605C17-2
MANGANESE (mg/L)	0.064	0.63	0.05*	0.0020	200.7	5/13/2016	E605C17-1, E605C17-2
ALKALINITY (mg/L as CaCO ₃)	52	26	none	1.0	SM2320B	5/11/2016	E605C17-1, E605C17-2
CALCIUM (mg/L)	28	11	none	0.051	200.7	5/13/2016	E605C17-1, E605C17-2
MAGNESIUM (mg/L)	4.4	1.6	none	0.051	200.7	5/13/2016	E605C17-1, E605C17-2
HARDNESS (mg/L as CaCO ₃)	87	34	none	0.35	200.7	5/13/2016	E605C17-1, E605C17-2
POTASSIUM (mg/L)	4.7	1.9	none	0.20	200.7	5/13/2016	E605C17-1, E605C17-2
TURBIDITY (NTU)	0.26	15	none	0.10	2130B	5/10/2016	E605C17-1, E605C17-2
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	5/13/2016	E605C17-1, E605C17-2
CHLORIDE (mg/L)	190	44	250	8.0	SM4500-CL-E	5/10/2016	E605C17-1, E605C17-2
COLOR (C.U)	0	50	15		2120B	5/10/2016	E605C17-1, E605C17-2
COPPER (mg/L)	0.0064	ND	1	0.0020	200.7	5/13/2016	E605C17-1, E605C17-2
ODOR (T.O.N)	1	1	3		2150B	5/10/2016	E605C17-1, E605C17-2
pH	7.0	7.3	6.5 to 8.5		4500H-B	5/10/2016	E605C17-1, E605C17-2
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	5/13/2016	E605C17-1, E605C17-2
SULFATE (mg/L)	11	9.8	250	5.0	SM4500-SO4-E	5/11/2016	E605C17-1, E605C17-2
TDS (mg/L)	410	100	500	10	SM2540C	5/12/2016	E605C17-1, E605C17-2
ZINC (mg/L)	0.019	0.014	5	0.0051	200.7	5/13/2016	E605C17-1, E605C17-2

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/10/2016	Client
B RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/10/2016	Client

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND	ND	0.3	0.051	200.7	5/13/2016	E605C17-3, E605C17-4
MANGANESE (mg/L)	0.25	0.0092	0.05*	0.0020	200.7	5/13/2016	E605C17-3, E605C17-4
ALKALINITY (mg/L as CaCO ₃)	25	16	none	1.0	SM2320B	5/11/2016	E605C17-3, E605C17-4
CALCIUM (mg/L)	25	30	none	0.051	200.7	5/13/2016	E605C17-3, E605C17-4
MAGNESIUM (mg/L)	3.9	4.9	none	0.051	200.7	5/13/2016	E605C17-3, E605C17-4
HARDNESS (mg/L as CaCO ₃)	78	94	none	0.35	200.7	5/13/2016	E605C17-3, E605C17-4
POTASSIUM (mg/L)	4.1	5.0	none	0.20	200.7	5/13/2016	E605C17-3, E605C17-4
TURBIDITY (NTU)	0.18	ND	none	0.10	2130B	5/10/2016	E605C17-3, E605C17-4
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	5/13/2016	E605C17-3, E605C17-4
CHLORIDE (mg/L)	140	190	250	4.0	SM4500-CL-E	5/10/2016	E605C17-3, E605C17-4
COLOR (C.U)	0	0	15		2120B	5/10/2016	E605C17-3, E605C17-4
COPPER (mg/L)	0.038	0.025	1	0.0020	200.7	5/13/2016	E605C17-3, E605C17-4
ODOR (T.O.N)	1	1	3		2150B	5/10/2016	E605C17-3, E605C17-4
pH	6.8	6.5	6.5 to 8.5		4500H-B	5/10/2016	E605C17-3, E605C17-4
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	5/13/2016	E605C17-3, E605C17-4
SULFATE (mg/L)	8.7	9.3	250	5.0	SM4500-SO4-E	5/11/2016	E605C17-3, E605C17-4
TDS (mg/L)	320	460	500	10	SM2540C	5/12/2016	E605C17-3, E605C17-4
ZINC (mg/L)	0.052	0.039	5	0.0051	200.7	5/13/2016	E605C17-3, E605C17-4

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/10/2016	Client
B RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	5/10/2016	Client

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	1.1	ND	0.3	0.051	200.7	5/13/2016	E605C17-5, E605C17-6
MANGANESE (mg/L)	0.059	ND	0.05*	0.0020	200.7	5/13/2016	E605C17-5, E605C17-6
ALKALINITY (mg/L as CaCO ₃)	20	18	none	1.0	SM2320B	5/11/2016	E605C17-5, E605C17-6
CALCIUM (mg/L)	26	32	none	0.051	200.7	5/13/2016	E605C17-5, E605C17-6
MAGNESIUM (mg/L)	3.8	4.6	none	0.051	200.7	5/13/2016	E605C17-5, E605C17-6
HARDNESS (mg/L as CaCO ₃)	80	100	none	0.35	200.7	5/13/2016	E605C17-5, E605C17-6
POTASSIUM (mg/L)	4.3	6.5	none	0.20	200.7	5/13/2016	E605C17-5, E605C17-6
TURBIDITY (NTU)	12	0.25	none	0.10	2130B	5/10/2016	E605C17-5, E605C17-6
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	5/13/2016	E605C17-5, E605C17-6
CHLORIDE (mg/L)	320	400	250	8.0	SM4500-CL-E	5/10/2016	E605C17-5, E605C17-6
COLOR (C.U)	20	0	15		2120B	5/10/2016	E605C17-5, E605C17-6
COPPER (mg/L)	0.030	0.021	1	0.0020	200.7	5/13/2016	E605C17-5, E605C17-6
ODOR (T.O.N)	1	1	3		2150B	5/10/2016	E605C17-5, E605C17-6
pH	6.4	6.5	6.5 to 8.5		4500H-B	5/10/2016	E605C17-5, E605C17-6
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	5/13/2016	E605C17-5, E605C17-6
SULFATE (mg/L)	11	14	250	5.0	SM4500-SO4-E	5/11/2016	E605C17-5, E605C17-6
TDS (mg/L)	620	780	500	10	SM2540C	5/12/2016	E605C17-5, E605C17-6
ZINC (mg/L)	0.022	0.094	5	0.0051	200.7	5/13/2016	E605C17-5, E605C17-6

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A 03G	Sta#3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/10/2016	Client
B				

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B				

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.051	200.7	5/13/2016	E605C17-7
MANGANESE (mg/L)	0.053		0.05*	0.0020	200.7	5/13/2016	E605C17-7
ALKALINITY (mg/L as CaCO ₃)	110		none	1.0	SM2320B	5/11/2016	E605C17-7
CALCIUM (mg/L)	25		none	0.051	200.7	5/13/2016	E605C17-7
MAGNESIUM (mg/L)	3.8		none	0.051	200.7	5/13/2016	E605C17-7
HARDNESS (mg/L as CaCO ₃)	77		none	0.35	200.7	5/13/2016	E605C17-7
POTASSIUM (mg/L)	3.6		none	0.20	200.7	5/13/2016	E605C17-7
TURBIDITY (NTU)	0.34		none	0.10	2130B	5/10/2016	E605C17-7
ALUMINUM (mg/L)	ND		0.2	0.051	200.7	5/13/2016	E605C17-7
CHLORIDE (mg/L)	74		250	2.0	SM4500-CL-E	5/11/2016	E605C17-7
COLOR (C.U)	0		15		2120B	5/10/2016	E605C17-7
COPPER (mg/L)	0.014		1	0.0020	200.7	5/13/2016	E605C17-7
ODOR (T.O.N)	1		3		2150B	5/10/2016	E605C17-7
pH	7.0		6.5 to 8.5		4500H-B	5/10/2016	E605C17-7
SILVER (mg/L)	ND		0.10	0.0020	200.7	5/13/2016	E605C17-7
SULFATE (mg/L)	8.0		250	5.0	SM4500-SO4-E	5/11/2016	E605C17-7
TDS (mg/L)	240		500	10	SM2540C	5/12/2016	E605C17-7
ZINC (mg/L)	0.015		5	0.0051	200.7	5/13/2016	E605C17-7

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Radionuclide Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By		
03G	Sta#3 Bigelow Rd. (Finished)	<small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	5/10/2016	Client		
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample			
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
<input type="checkbox"/>	List the composited source by DEP Source Code (XXXXX-XXX) and dates collected, up to four consecutive quarterly samples per single entry point.
LAB SAMPLE NOTES	

Contaminant	RESULT	Std Dev (+/-)	MCL	MDL	Lab Method	Date Analyzed	Lab Sample ID#	Analysis Lab MA Cert#	Analysis Lab Name
GROSS ALPHA (pCi/L)	1.39	1.52		2.90	900.0	05/29/2016	E605C17-7	M-PA1457	Pace
URANIUM - activity (pCi/L)									

Report Uranium result and MDL in (pCi/L) as analyzed, otherwise use formula to calculate [Uranium $\mu\text{g/L} \times 0.67 = \text{Uranium pCi/L}$]. Check this box if result calculated ☐

ADJUSTED GROSS ALPHA (pCi/L)				The MCL for Adjusted Gross Alpha (Gross Alpha minus Uranium) is 15 pCi/L. A gross alpha measurement may be submitted for the uranium analysis, if the gross alpha result is equal to or less than 15 pCi/L. If gross alpha exceeds 15 pCi/L, uranium must also be measured.					
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URANIUM - mass ($\mu\text{g/L}$)									
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Report Uranium result and MDL in ($\mu\text{g/L}$) as analyzed, otherwise use formula to calculate [Uranium pCi/L / 0.67 = Uranium $\mu\text{g/L}$]. Check this box if result calculated ☐

RADIUM-226 (pCi/L)	0.0662	0.290		0.615	903.1	06/06/2016	E605C17-7	M-PA1457	Pace
RADIUM-228 (pCi/L)	0.767	0.353		0.659	904.0	06/02/2016	E605C17-7	M-PA1457	Pace
COMBINED RADIUM (pCi/L)	0.83	---	5	The MCL for Combined Radium (Radium-226 plus Radium-228) is 5 pCi/L. A gross alpha measurement may be submitted for the radium-226 analysis, if the gross alpha result is equal to or less than 5 pCi/L. If gross alpha exceeds 5 pCi/L, radium-226 must also be measured.					

GROSS BETA (pCi/L)									
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*The MCL for gross beta is 4 mrem/year. If gross beta exceeds 50 pCi/L, analysis of the sample for Photon Activity shall be performed to identify the major radioactive constituents. Gross Beta testing is optional, unless specifically required by DEP.

RADON (pCi/L)									
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**Radon testing is optional, unless specifically required by DEP. The MA guideline for Radon is 10,000 pCi/L. The EPA has proposed a radon MCL of 300 - 400 pCi/L.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
MULT1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
Analysis Lab MA Cert. #:	M-CT008	Analysis Lab Name:	Microbac Laboratories, Inc.		

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-1	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-2	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	0.57	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By				
RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client			
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below							
		(1) Reason for Resubmission		(2) Collection Date of Original Sample					
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).									

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-3	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
Analysis Lab MA Cert. #:	M-CT008	Analysis Lab Name:	Microbac Laboratories, Inc.		

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-4	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By				
RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client			
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below							
		(1) Reason for Resubmission		(2) Collection Date of Original Sample					
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).									

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-5	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By				
RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client			
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below							
		(1) Reason for Resubmission		(2) Collection Date of Original Sample					
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).									

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-6	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	0.79	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
03G	Sta#3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/11/2016	E605C17-7	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Synthetic Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
MULT1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
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Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	5/12/2016	5/13/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-1
505	5/11/2016	5/11/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-1
504.1	5/12/2016	5/13/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-1
525.2	5/11/2016	5/11/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-1
531.2		5/17/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-1

Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
<input type="checkbox"/>	List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN	ND	40.0	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200.0	2.0	531.2
94-75-7	2,4-D	ND	70.0	0.10	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50.0	0.20	515.3
75-99-0	DALAPON	ND	200.0	1.0	515.3
88-85-7	DINOSEB	ND	7.0	0.20	515.3
1918-02-1	PICLORAM	ND	500	0.10	515.3
87-86-5	PENTACHLOROPHENOL	ND	1.0	0.040	515.3
15972-60-8	ALACHLOR	ND	2.0	0.19	525.2
1912-24-9	ATRAZINE	ND	3.0	0.093	525.2
72-20-80	ENDRIN	ND	2.0	0.0093	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.037	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.037	525.2
58-88-9	LINDANE	ND	0.2	0.037	525.2
73-43-5	METHOXYCHLOR	ND	40.0	0.093	525.2
118-74-1	HEXACHLORO BENZENE	ND	1.0	0.093	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50.0	0.093	525.2
122-43-9	SIMAZINE	ND	4.0	0.065	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.037	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400.0	0.56	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6.0	0.56	525.2



Synthetic Organic Contaminant Report

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2.0	0.20	505
8001-35-2	TOXAPHENE	ND	3.0	1.0	505
12674-11-2	PCB AROCLOR 1016	ND	---	0.22	505
11104-28-2	PCB AROCLOR 1221	ND	---	0.22	505
11141-16-5	PCB AROCLOR 1232	ND	---	0.22	505
53469-21-9	PCB AROCLOR 1242	ND	---	0.22	505
12672-29-6	PCB AROCLOR 1248	ND	---	0.22	505
11097-69-1	PCB AROCLOR 1254	ND	---	0.22	505
11096-82-5	PCB AROCLOR 1260	ND	---	0.22	505
1336-36-3	PCBS (DECACHLOROBIPHENYL)				
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES <u>ONLY</u> . All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND	0.2	0.010	504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND	0.02	0.010	504.1
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.					
85-00-7	DIQUAT				
145-73-3	ENDOTHALL				
1071-53-6	GLYPHOSATE				
1746-01-6	2,3,7,8-TCDD (DIOXIN)				

CAS#	SOC Regulated Contaminants	Results µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB	ND	3*	0.50	531.2
1646-88-4	ALDICARB SULFONE	ND	2*	0.80	531.2
1646-87-3	ALDICARB SULFOXIDE	ND	4*	0.50	531.2
63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
1918-00-9	DICAMBA	ND	---	0.10	515.3
309-00-2	ALDRIN	ND	---	0.093	525.2
23184-66-9	BUTACHLOR	ND	---	0.093	525.2
60-57-1	DIELDRIN	ND	---	0.037	525.2
51218-45-2	METOLACHLOR	ND	---	0.093	525.2
21087-64-9	METRIBUZIN	ND	100*	0.093	525.2
1918-16-7	PROPACHLOR	ND	---	0.093	525.2

* No MCL, however the DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 - 130%)
515.3	DCAA	102%
525.2	Pyrene-d10	98%
531.2	4-Bromo-3,5-dimethylphenyl-N-methylcarbamate	95%

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-Dimethyl-2-nitrobenzene	97%
525.2	triphenylphosphate	112%

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Synthetic Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
03G	Sta#3 Bigelow Rd. (Finished)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/10/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
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Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	5/12/2016	5/13/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-7
505	5/11/2016	5/11/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-7
504.1	5/12/2016	5/13/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-7
525.2	5/11/2016	5/12/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-7
531.2		5/17/2016	M-CT008	Microbac Laboratories, Inc.	E605C17-7

Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
<input type="checkbox"/>	List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN	ND	40.0	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200.0	2.0	531.2
94-75-7	2,4-D	ND	70.0	0.10	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50.0	0.20	515.3
75-99-0	DALAPON	ND	200.0	1.0	515.3
88-85-7	DINOSEB	ND	7.0	0.20	515.3
1918-02-1	PICLORAM	ND	500	0.10	515.3
87-86-5	PENTACHLOROPHENOL	ND	1.0	0.040	515.3
15972-60-8	ALACHLOR	ND	2.0	0.19	525.2
1912-24-9	ATRAZINE	ND	3.0	0.094	525.2
72-20-80	ENDRIN	ND	2.0	0.0094	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.038	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.038	525.2
58-88-9	LINDANE	ND	0.2	0.038	525.2
73-43-5	METHOXYCHLOR	ND	40.0	0.094	525.2
118-74-1	HEXACHLORO BENZENE	ND	1.0	0.094	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50.0	0.094	525.2
122-43-9	SIMAZINE	ND	4.0	0.066	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.038	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400.0	0.57	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6.0	0.57	525.2



Synthetic Organic Contaminant Report

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2.0	0.20	505
8001-35-2	TOXAPHENE	ND	3.0	1.0	505
12674-11-2	PCB AROCLOR 1016	ND	---	0.22	505
11104-28-2	PCB AROCLOR 1221	ND	---	0.22	505
11141-16-5	PCB AROCLOR 1232	ND	---	0.22	505
53469-21-9	PCB AROCLOR 1242	ND	---	0.22	505
12672-29-6	PCB AROCLOR 1248	ND	---	0.22	505
11097-69-1	PCB AROCLOR 1254	ND	---	0.22	505
11096-82-5	PCB AROCLOR 1260	ND	---	0.22	505
1336-36-3	PCBS (DECACHLOROBIPHENYL)				
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES <u>ONLY</u> . All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND	0.2	0.010	504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND	0.02	0.010	504.1
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.					
85-00-7	DIQUAT				
145-73-3	ENDOTHALL				
1071-53-6	GLYPHOSATE				
1746-01-6	2,3,7,8-TCDD (DIOXIN)				

CAS#	SOC Regulated Contaminants	Results µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB	ND	3*	0.50	531.2
1646-88-4	ALDICARB SULFONE	ND	2*	0.80	531.2
1646-87-3	ALDICARB SULFOXIDE	ND	4*	0.50	531.2
63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
1918-00-9	DICAMBA	ND	---	0.10	515.3
309-00-2	ALDRIN	ND	---	0.094	525.2
23184-66-9	BUTACHLOR	ND	---	0.094	525.2
60-57-1	DIELDRIN	ND	---	0.038	525.2
51218-45-2	METOLACHLOR	ND	---	0.094	525.2
21087-64-9	METRIBUZIN	ND	100*	0.094	525.2
1918-16-7	PROPACHLOR	ND	---	0.094	525.2

* No MCL, however the DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 - 130%)
515.3	DCAA	97%
525.2	Pyrene-d10	100%
531.2	4-Bromo-3,5-dimethylphenyl-N-methylcarbamate	92%

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-Dimethyl-2-nitrobenzene	99%
525.2	triphenylphosphate	114%

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 6/6/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		

June 06, 2016

Subcontract Results
Microbac Laboratory, Inc. - CT
61 Louisa Viens Drive
Dayville, CT 06241

RE: Project: E605C17
Pace Project No.: 30183397

Dear Subcontract Results:

Enclosed are the analytical results for sample(s) received by the laboratory on May 16, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Robbin Robl
robbin.robbl@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: E605C17

Pace Project No.: 30183397

Pennsylvania Certification IDs

1638 Roseytown Rd Suites 2,3&4, Greensburg, PA 15601

L-A-B DOD-ELAP Accreditation #: L2417

Alabama Certification #: 41590

Arizona Certification #: AZ0734

Arkansas Certification

California Certification #: 04222CA

Colorado Certification

Connecticut Certification #: PH-0694

Delaware Certification

Florida/TNI Certification #: E87683

Georgia Certification #: C040

Guam Certification

Hawaii Certification

Idaho Certification

Illinois Certification

Indiana Certification

Iowa Certification #: 391

Kansas/TNI Certification #: E-10358

Kentucky Certification #: 90133

Louisiana DHH/TNI Certification #: LA140008

Louisiana DEQ/TNI Certification #: 4086

Maine Certification #: PA00091

Maryland Certification #: 308

Massachusetts Certification #: M-PA1457

Michigan/PADEP Certification

Missouri Certification #: 235

Montana Certification #: Cert 0082

Nebraska Certification #: NE-05-29-14

Nevada Certification #: PA014572015-1

New Hampshire/TNI Certification #: 2976

New Jersey/TNI Certification #: PA 051

New Mexico Certification #: PA01457

New York/TNI Certification #: 10888

North Carolina Certification #: 42706

North Dakota Certification #: R-190

Oregon/TNI Certification #: PA200002

Pennsylvania/TNI Certification #: 65-00282

Puerto Rico Certification #: PA01457

Rhode Island Certification #: 65-00282

South Dakota Certification

Tennessee Certification #: TN2867

Texas/TNI Certification #: T104704188-14-8

Utah/TNI Certification #: PA014572015-5

USDA Soil Permit #: P330-14-00213

Vermont Dept. of Health: ID# VT-0282

Virgin Island/PADEP Certification

Virginia/VELAP Certification #: 460198

Washington Certification #: C868

West Virginia DEP Certification #: 143

West Virginia DHHR Certification #: 9964C

Wisconsin Certification

Wyoming Certification #: 8TMS-L

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SAMPLE SUMMARY

Project: E605C17

Pace Project No.: 30183397

Lab ID	Sample ID	Matrix	Date Collected	Date Received
30183397001	E605C17-7D	Drinking Water	05/10/16 10:40	05/16/16 09:20

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: E605C17

Pace Project No.: 30183397

Lab ID	Sample ID	Method	Analysts	Analytes Reported
30183397001	E605C17-7D	EPA 900.0	NEG	1
		EPA 903.1	WRR	1
		EPA 904.0	JLW	1

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS - RADIOCHEMISTRY

Project: E605C17

Pace Project No.: 30183397

Sample: E605C17-7D **Lab ID: 30183397001** Collected: 05/10/16 10:40 Received: 05/16/16 09:20 Matrix: Drinking Water

PWS: Site ID: Sample Type:

Comments: • The sampler's name and signature were not listed on the COC.

Parameters	Method	Act ± Unc (MDC) Carr Trac	Units	Analyzed	CAS No.	Qual
Gross Alpha	EPA 900.0	1.39 ± 1.52 (2.90) C:NA T:NA	pCi/L	05/29/16 09:12	12587-46-1	
Radium-226	EPA 903.1	0.0662 ± 0.290 (0.615) C:NA T:97%	pCi/L	06/06/16 10:27	13982-63-3	
Radium-228	EPA 904.0	0.767 ± 0.353 (0.659) C:81% T:81%	pCi/L	06/02/16 23:33	15262-20-1	

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QUALITY CONTROL - RADIOCHEMISTRY

Project: E605C17

Pace Project No.: 30183397

QC Batch: RADC/29558

Analysis Method: EPA 904.0

QC Batch Method: EPA 904.0

Analysis Description: 904.0 Radium 228

Associated Lab Samples: 30183397001

METHOD BLANK: 1079580

Matrix: Water

Associated Lab Samples: 30183397001

Parameter	Act ± Unc (MDC) Carr Trac	Units	Analyzed	Qualifiers
Radium-228	0.163 ± 0.262 (0.549) C:83% T:90%	pCi/L	06/02/16 23:33	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL - RADIOCHEMISTRY

Project: E605C17

Pace Project No.: 30183397

QC Batch: RADC/29570

Analysis Method: EPA 900.0

QC Batch Method: EPA 900.0

Analysis Description: 900.0 Gross Alpha/Beta

Associated Lab Samples: 30183397001

METHOD BLANK: 1079742

Matrix: Water

Associated Lab Samples: 30183397001

Parameter	Act ± Unc (MDC) Carr Trac	Units	Analyzed	Qualifiers
Gross Alpha	0.877 ± 0.765 (1.32) C:NA T:NA	pCi/L	05/29/16 09:23	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL - RADIOCHEMISTRY

Project: E605C17

Pace Project No.: 30183397

QC Batch: RADC/29546

Analysis Method: EPA 903.1

QC Batch Method: EPA 903.1

Analysis Description: 903.1 Radium-226

Associated Lab Samples: 30183397001

METHOD BLANK: 1079561

Matrix: Water

Associated Lab Samples: 30183397001

Parameter	Act ± Unc (MDC) Carr Trac	Units	Analyzed	Qualifiers
Radium-226	-0.066 ± 0.303 (0.616) C:NA T:95%	pCi/L	06/06/16 10:05	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: E605C17
Pace Project No.: 30183397

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Act - Activity

Unc - Uncertainty: SDWA = 1.96 sigma count uncertainty, all other matrices = Expanded Uncertainty (95% confidence interval).

Gamma Spec = Expanded Uncertainty (95.4% Confidence Interval)

(MDC) - Minimum Detectable Concentration

Trac - Tracer Recovery (%)

Carr - Carrier Recovery (%)

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

REPORT OF LABORATORY ANALYSIS

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Chain of Custody

502752-201

For: Pace

1638 Roseytown Road
Suite 200
Greensburg, PA 15601

Report to		Billing Information				Project Information			
Microbac Laboratory, Inc. 61 Louisa Viens Drive Dayville, CT 06241 <u>Email Reports and Invoices to</u> <u>datareporting@premierlaboratory.com</u>		Microbac Laboratory, Inc. 61 Louisa Viens Drive Dayville, CT 06241				Project: E605C17 State Certification: MA DEP Project Manager: krysti.skidgell@microbac.com Email: 860-774-6814 Phone: 860-774-2689 Fax: 860-774-2689 Due Date: Standard TAT			
Sample Identification	Date Collected	Time Collected	Sample Type	Sample Matrix	Cont. Type	Cont. Qty	Preservative	Analysis	
E605C17-7D	5/10/2016	10:40	G	AQ	P	3	HNO3	Radioactivity: Radium - 226 Radioactivity: Gross Alpha Radioactivity: Radium - 228	

WO#: 30183397



30183397

Custody Transfer		Date	Time
Sampler:			
Received:			
Relinquished:		5/12/16	1200
Received:	<i>Kristen E. Din</i>	5/12/16	0920
Relinquished:			
Received:			

Comments: *DW*

Notify Premier Laboratory of any MCL exceedances with 24 hours of obtaining valid data.

Conditions Upon Receipt (Check One):

☐ Cooled ☒ Ambient 17.4 °C Upon Receipt at LAB

Sample Condition Upon Receipt Pittsburgh



Client Name: Microbac

Project # 30183397

Courier: ☐ Fed Ex ☒ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other _____

Tracking #: 1Z 18Y 4V0 03 4582 6281

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Thermometer Used 2 Type of Ice: Wet Blue None

Cooler Temperature Observed Temp 17.2 °C Correction Factor: +0.2 °C Final Temp: 17.4 °C

Temp should be above freezing to 6°C

Date and Initials of person examining contents: KH 5/16/16

Comments:

	Yes	No	N/A	
Chain of Custody Present:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.
Sample Labels match COC:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Time on COC and samples do not match Time on sample is 10:25
-Includes date/time/ID/Analysis Matrix: <u>WT</u>				
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.
Short Hold Time Analysis (<72hr remaining):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.
Rush Turn Around Time Requested:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.
Sufficient Volume:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.
Correct Containers Used:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.
-Pace Containers Used:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Containers Intact:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.
Filtered volume received for Dissolved tests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12.
All containers needing preservation have been checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
exceptions: VOA, coliform, TOC, O&G, Phenolics				Initial when completed <u>KH</u> Date/time of preservation
				Lot # of added preservative
Headspace in VOA Vials (>6mm):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14.
Trip Blank Present:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15.
Trip Blank Custody Seals Present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Client Notification/ Resolution:

Person Contacted: day. subresults@microbac.com Date/Time: 5/16/16 email Contacted By: RKR

Comments/ Resolution:

Per Knpri - collection time is 10:40.

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

605617

Was the sample collected after treatment? yes/no

May 10, 2016
Date Collected

Sampler (Signature)

Joe Patterson

Sampler (Printed)

Premier Laboratory, Inc.

Phone: 1-800-334-0103 Fax: 860-774-2689